

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------------|------------|-----------------|
| FEE DETERMINATION | <i>g. Smith</i> | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>YG</i> | <i>956</i> | <i>11/15/01</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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50-1902
11/15/01